

REC'D FEB 10 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS 791
CERTIFICATE OF DEATH 1003

470

Do not use this space.

470

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No. Registered No.
(c) City St. Louis Mo (d) Street No. French Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? 34 yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 1649 E. 1st St. RIA St. Louis Mo
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Ben B. Cankle
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 29 - 1887
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 7 16
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as saw mill, bank, etc. House wife
10. Date deceased last worked at this occupation (month and year) 2-28-1938
11. Total time (years) spent in this occupation 30
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia
13. NAME Valeria Rosenburg
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia
15. MAIDEN NAME Anna G. Titin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia
17. INFORMANT (ADDRESS) Morris Rosenburg
5824 Page
18. BURIAL, CREMATION, OR REMOVAL PLACE Chapel of the Holy Cross
19. FUNERAL DIRECTOR (ADDRESS) Franklin
4412 Washington Blvd
20. FILED JAN 15 1939
J. B. Bickel
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14 1939
22. I HEREBY CERTIFY, That I attended deceased from See 5 - 1938, to Jan 14 1939.
I last saw her alive on Jan 14 1939. Death is said to have occurred on the date stated above, at 5:00 p. m.
The principal cause of death and related causes of importance were as follows:
Cardiac failure
no definite heart disease
Date of onset
127
Other contributory causes of importance:
Obstruction of mammary duct
Empyema of chest; non-tubercular
no stone
Name of operation Cholecystectomy Date of 12/8/38
What test confirmed diagnosis? X-ray Was there an autopsy? No
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) May W. Myers M.D.
(Address) 601 Humboldt Bldg.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X12004

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)